Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: Name of Person Attending: Mary Ann Fatquison Working Title: Cattor Architectutal Tech. I Department: Achinis Strative Services Division/Bureau/Section: Space Manth Will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this walver) City (Citles) Traveling To: As Veq s Dates of Travel: \$/7/11 - \$/11/11 Funding Source: Appropriated State: Federal: Source Of It Other, Specify: Few . (If the appropriated state in the specific state of this walver) Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 9/ 500 Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: 1/ 500 If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Walver (Select one) Fulfills statutorily required duties (Cite the specific statute) Fulfills about only required duties (Cite the specific statute) Fulfills enter the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outwelghs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that Information on the lines below. Do J. As A.
Executive Council Approval
Additional information to assist you in completing this form. See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon. If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. Justification is to be completed for every out-of-state trip requested between mater 7 and out-if more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Walver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Please answer all of the questions listed below.	
Number of People on Trip: Name of Person Attending: Sababa Sebular Section: Department: Administrative Sebular Sebular Section: Will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this will this propriated State: Yes: Yes: Yes: Yes: You do not need this walver) Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Walver (Select one) Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outwelghs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. Do J. August Advanced Section of the form to the state of the saving of revenues attributable to the travel) Has a benefit or potential benefit which significantly outwelghs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. Do J. August A	walver) 11-5/11/11 Sty: Fees. 91, 395.00 91, 500.00 Stad'5 Lettet dated. 8/23/90 Stad'5 Lettet dated. 8/23/90 Litter dated. 1990 in The Federal 195/11 100.00
Additional Information to assist you in completing this form. See Fact Sheet for more complete Information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.	APPROVED Executive Council APR 18 2011

- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous
- Thursday at 12:00 noon.

 If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Out-Of-State Travel Waiver Justification

000 250

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

	#1			
Number of People on Trip: 1	20 B			
Name of Person Attending: Michael R. Bousselot	Working Title: Policy Advisor to Governor Branstad			
Department: Office of the Governor	Division/Bureau/Section:			
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)			
City (Cities) Traveling To: Salt Lake City, UT	Dates of Travel: 4/6/11-4/8/11			
Funding Source: Appropriated State:% Federal:% Source: (If the appropriated state funds is 0% - y				
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	Registration, Parking, etc): 1074.79			
Does this Trip Require Executive Council Approval for Conference/Convention	on? No: ☐ Yes: ⊠			
If Yes, Have You Received Approval? No: ⊠ Yes: ☐ If Yes, Date: Reason for Travel Waiver (Select one)				
Fulfills statutorily required duties (Cite the specific statute)				
Has potential to bring cost savings or enhanced revenues to the state (0 program that will receive the cost savings or enhanced revenues and prof the saving or revenues attributable to the travel)				
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.				
Trip will allow Michael Bousselot, healthcare policy advisor to Governor Branstad, t	to meet with officials from the State of Utah regarding healthcare			
reform measures Utah has taken. Additionally, Mr. Bousselot will meet with advisor	ors to other Governors on a range of issues including "Governing			
Healthcare," "Growing Costs of Healthcare," "Medicaid: Current and Future Issues,	" and "Health Insurance Market Reforms" during NGA workshop.			
$\frac{1}{2}$	Date: April 6, 2011			
This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov			

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000 251

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

	•	a
Number of People on Trip: 1	Contact E-mail: s	parker2@dhs.state.ia.us
Name of Person Attending: Susan Parker	Working Title: P	harmacy Consultant
Department: IME	Division/Bureau/S	ection: Operations
Will this trip require an overnight stay outside	of lowa? No: 🗌 Yes: X (If No, you do not ne	ed this waiver)
City (Cities) Traveling To: Portland, Maine	Dates of Travel: 6	
		11 – you DO NOT need this waiver.)
Funding Source: X Appropriated State: 25	% X Federal: <u>75</u> % ☐ Other:% If Other travel claim is appropriation 0000 - you DO NOT n	ther, Specify: eed this waiver.)
ETT OF Management Described and Africa and Africa	ation, Mileage, Lodging, Meals, Registration, Park	
Does this Trip Require Executive Council Appr	oval for Conference/Convention? No: Yes	:X
If Yes, Have You Received Approval? No:)	Yes: If Yes, Date:	
Reason for Travel Walver (Select one)	20	
X Fulfills statutorily required duties. (Cite th	e specific statute.) lowa Code 249A.20A (9)	
X program that will receive the cost savings of the saving or revenues attributable to t	nanced revenues to the state. (Cite the specific or enhanced revenues and provide an estimate the travel.)	Iowa Medicaid Pharmacy Program- Preferred Drug List (PDL)See below
current Executive Council Fact Sheet for	gnificantly outwelghs the potential cost. See the qualifying criteria and provide that information on s the justification, date of purchase is required.)	2
	rtium) meeting to review/discuss annual supplemental re	
The state of the s	d & determined, Health Care Reform rebate loss strategi	
	nearly \$1M per year) & generic net costs are examined to	
on higher net cost drugs (worth millions per year in co	ost avoidance). Through signed MOU, each Member stat	e appoints person for work & meetings of SSDC
Department Director Signature:	h falmer Date: 4-	13-11
Department Director Printed Name: Charles M.	Palmer	
This form must be signed by a depart	ment head or agency director. Email a PDF of the	form to executivecouncil@lowa.gov
		F. C. C. HA.
	to to a section of the section of th	Executive Council Approval

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

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 due to a convention/conference, note that both processes must be completed
 separately. See Fact Sheet for further explanation.

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Name of Person Attending: Dennis J. Alt	Number of People on Trip: 2	
Will this trip require an overnight stay outside of lowa? No: Yes: (If No, you do not need this waiver) City (Cities) Traveling To: Arlington, VA Dates of Travel: March 13 to 17, 2011 Funding Source: Appropriated State:	Name of Person Attending: Dennis J. Alt	Working Title: Environmental Program Supervisor
City (Cities) Traveling To: Arlington, VA Dates of Travel: March 13 to 17, 2011 Funding Source: Appropriated State: % Federal: 65% Other: 35% If Other, Specify: Stipend from ASDWA (If the appropriated state funds is 0% - you do not need this waiver) Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$2352 Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: If Yes, Have You Received Approval? No: Yes: If Yes, Date: 2/23/11 Reason for Travel Waiver (Select one) Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. The Drinking Water program receives a program grant of about \$1.4M and Cap Grant of about \$23M. To continue to receive these federal funds lowa must implement new federal requirements and directives. We will learn of EPA program priorities during this meeting, and have a chance to impact the requirements thereby minimizing the negative impact on state local water utility resources. We will learn how other States are optimizing their resources. Department Director Signature This form must be signed by a department head or agency director. Email a PDF of the form to executive Council Approval	Department: Natural Resources	Division/Bureau/Section: Environmental Services
Funding Source: Appropriated State: 65% Federal: 65% Other: 35% If Other, Specify: Stipend from ASDWA (If the appropriated state funds is 0% - you do not need this waiver) Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): \$2352 Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: If Yes, Have You Received Approval? No: Yes: If Yes, Date: 2/23/11 Reason for Travel Waiver (Select one) Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. The Drinking Water program receives a program grant of about \$1.4M and Cap Grant of about \$23M. To continue to receive these federal funds lowa must implement new federal requirements and directives. We will learn of EPA program priorities during this meeting, and have a chance to impact the requirements thereby minimizing the negative-impact on state local water utility resources. We will learn how other States are optimizing their resources. Department Director Signature This form must be signed by a department head or agency director. Email a PDF of the form to executive Council Approval	Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ☒	(If No, you do not need this waiver)
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Does this Trip Require Executive Council Approval for Conference/Convention? No: Yes: If Yes, Have You Received Approval? No: Yes: If Yes, Date: 2/23/11 Reason for Travel Waiver (Select one) Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. The Drinking Water program receives a program grant of about \$1.4M and Cap Grant of about \$23M. To continue to receive these federal funds lowa must implement new federal requirements and directives. We will learn of EPA program priorities during this meeting, and have a chance to impact the requirements thereby minimizing the negative-impact on state local water utility resources. We will learn how other States are optimizing their resources. Department Director Signature This form must be signed by a department head or agency director. Email a PDF of the form to executive Council Approval	Funding Source: Appropriated State:% Sederal: 65% Source: (If the appropriated state funds is 0% - y	
If Yes, Have You Received Approval? No: Yes: If Yes, Date: 2/23/11 Reason for Travel Waiver (Select one) Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. The Drinking Water program receives a program grant of about \$1.4M and Cap Grant of about \$23M. To continue to receive these federal funds lowa must implement new federal requirements and directives. We will learn of EPA program priorities during this meeting, and have a chance to impact the requirements thereby minimizing the negative impact on state local water utility resources. We will learn how other States are optimizing their resources. Department Director Signature January Date: 4-19-11 This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov Executive Council Approval	Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, etc): \$2352
Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. The Drinking Water program receives a program grant of about \$1.4M and Cap Grant of about \$23M. To continue to receive these federal funds lowa must implement new federal requirements and directives. We will learn of EPA program priorities during this meeting, and have a chance to impact the requirements thereby minimizing the negative-impact on state local water utility resources. We will learn how other States are optimizing their resources. Department Director Signature This form must be signed by a department head or agency director. Email a PDF of the form to executive Council Approval	Does this Trip Require Executive Council Approval for Conference/Convention	on? No: ☐ Yes: ⊠
Fulfills statutorily required duties (Cite the specific statute) Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. The Drinking Water program receives a program grant of about \$1.4M and Cap Grant of about \$23M. To continue to receive these federal funds lowa must implement new federal requirements and directives. We will learn of EPA program priorities during this meeting, and have a chance to impact the requirements thereby minimizing the negative impact on state local water utility resources. We will learn how other States are optimizing their resources. Department Director Signature This form must be signed by a department head or agency director. Email a PDF of the form to executive Council Approval	If Yes, Have You Received Approval? No: ☐ Yes: ☒ If Yes, Date:	2/23/11
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. The Drinking Water program receives a program grant of about \$1.4M and Cap Grant of about \$23M. To continue to receive these federal funds lowa must implement new federal requirements and directives. We will learn of EPA program priorities during this meeting, and have a chance to impact the requirements thereby minimizing the negative impact on state local water utility resources. We will learn how other States are optimizing their resources. Department Director Signature This form must be signed by a department head or agency director. Email a PDF of the form to executive Council@iowa.gov Executive Council Approval	Reason for Travel Waiver (Select one)	
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Executive Council Approval	program that will receive the cost savings or enhanced revenues and profit the saving or revenues attributable to the travel) Has a benefit or potential benefit which significantly outweighs the potential the current Executive Council Fact Sheet for qualifying criteria and provinformation on the lines below. The Drinking Water program receives a program grant of about \$1.4M and Cap Gramust implement new federal requirements and directives. We will learn of EPA profit requirements thereby minimizing the negative impact on state local water utility results. Department Director Signature	ential cost. See vide that rant of about \$23M. To continue to receive these federal funds lowa ogram priorities during this meeting, and have a chance to impact the sources. We will learn how other States are optimizing their resources. Date: 4-19-11
	This form must be signed by a department head or agency director.	Email a PDF of the form to executivecouncil@iowa.gov
		Executive Council Approval
See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon. If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed	See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011. If no overnight stay is required at a location out-of-state, the travel i incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waive Thursday at 12:00 noon. If your travel requires both Executive Council approval and the waive	is considered APPROVED Executive Council APR 1 8 2011 Ver justification

Out-Of-State Travel Waiver Justification

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This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Maria	f DI-	T-i	4		
Nume	er of People	on trip:	1		
Name	of Person A	Attending:	Sharon Dozier	Working Title: Profes	sional Licensure Board Executive
Depai	rtment: IDF	PH		Division/Bureau/Section	n: APL Bureau of Professional Licensure
Will t	his trip requi	ire an overn	ight stay outside of lowa? No: 🗵 Yes: 🄀	(If No, you do not need	this waiver)
City (Cities) Trave	ling To:	Orlando, FL	Dates of Travel: April 6	-10, 2011
Fund	ing Source:	Appro	priated State:%		
Total	Projected Co	ost of Trip (Include Transportation, Mileage, Lodging, Meals	s, Registration, Parking, e	etc): \$1987.76
Does	this Trip Re	quire Execu	tive Council Approval for Conference/Conventi	on? No: ☐ Yes: ☒	
	s, Have You f on for Travel	and the second		March 7, 2011	
	Fulfills statu	torily requi	red duties (Cite the specific statute)	<u> </u>	
	program that	t will receiv	ost savings or enhanced revenues to the state (e the cost savings or enhanced revenues and p es attributable to the travel)		
		Executive C	al benefit which significantly outweighs the pote ouncil Fact Sheet for qualifying criteria and pro- below.		
At the	request of th	e Board of F	Psychology, Ms. Dozier will attend on their behalf.	t is particularly important at	this time, because the board is
		-	ensure requirements that would have significant add		
purch	ased.				
Depa	rtment Direc	tor Signatu	re Marion to nice. The les	Date: 3/15/11	
	This for	m must be s	igned by a department head or agency director	. Email a PDF of the form	to <u>executivecouncik@iowa.gov</u>
			-		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
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Executive Council Approval

APPROVED Executive Council

Out-Of-State Travel Waiver Justification

000 254

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	2	Contact E-mail: rhansen@dps.state.ia.us		
Name of Person Attending:	Rick Schaaf	Working Title: Sergeant		
Department: Public Safety		Division/Bureau/Section: lowa State Patrol – MCSAP unit		
Will this trip require an over	night stay outside of Iowa? No: 🗌 Yes: 🛛 (I	f No, you do not need this waiver)		
City (Cities) Traveling To:	Sedalia, MO	Dates of Travel: May 9-12, 2011 (If after June 30, 2011 – you DO NOT need this waiver.)		
Funding Source: Appr	opriated State: $\underline{20}\%$ \boxtimes Federal: $\underline{80}\%$ \square 0 (If the coding for the travel claim is appropriation 0	Other:% If Other, Specify:		
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Meals	, Registration, Parking, etc): \$1,414.00/person		
Does this Trip Require Exec	utive Council Approval for Conference/Convention	on? No: ☐ Yes: ☒		
If Yes, Have You Received A	Approval? No: ⊠ Yes: ☐ If Yes, Date:			
Reason for Travel Waiver (S Kulfills statutorily requ	elect one) ired duties. (Cite the specific statute.) 321.449			
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)				
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)				
Department Director Signature: Date: 04/12/11 Department Director Printed Name: Lagrange L. Noble				
Department Director Printed	Name: Lagary L. 18666	-		

This form must be signed by a department head or agency director. Email a PDF of the form to executive council@jowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
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Out-Of-State Travel Waiver Justification

000 255

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011. If more than one employee is traveling, a separate form must be completed for each person. See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	2	Contact E-mail: rhansen@dps.state.ia.us		
Name of Person Attending:	Mike Kober	Working Title: Trooper		
Department: Public Safety		Division/Bureau/Section: Jowa State Patrol - MCSAP unit		
Will this trip require an over	night stay outside of Iowa? No: 🗌 Yes: 🛛 (I	No, you do not need this waiver)		
City (Cities) Traveling To:	Sedalia, MO	Dates of Travel: May 9-12, 2011 (If after June 30, 2011 – you DO NOT need this waiver.)		
Funding Source: Appro	opriated State: $\underline{20}\%$ \square Federal: $\underline{80}\%$ \square 0 (If the coding for the travel claim is appropriation 0)	Other:% If Other, Specify:		
Total Projected Cost of Trip	(include Transportation, Mileage, Lodging, Meals	Registration, Parking, etc): \$1,414.00/person		
Does this Trip Require Exec	utive Council Approval for Conference/Conventio	n? No: ☐ Yes: ⊠		
If Yes, Have You Received A	pproval? No: ⊠ Yes: ☐ If Yes, Date:	Company Company		
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) 321.449 Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.) Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)				
Department Director Signatu Department Director Printed	2	Date: 04/12/11		

This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

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- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

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Out-Of-State Travel Waiver Justification

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	
Name of Person Attending: Richard L. Crivello	Working Title: Criminalist
Department: DPS	Division/Bureau/Section: DCI/Crime Laboratory
Will this trip require an overnight stay outside of lowa? No: ☐ Yes: ⊠	(If No, you do not need this waiver)
City (Cities) Traveling To: Scottsdale, Arizona	Dates of Travel: May 19-23 2001
Funding Source: Appropriated State: 100% Federal:	Other:% If Other, Specify: you do not need this waiver)
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Mea	ls, Registration, Parking, etc): 1,280.99
Does this Trip Require Executive Council Approval for Conference/Convent	lon? No: ☐ Yes: ⊠
If Yes, Have You Received Approval? No: ☑ Yes: ☐ If Yes, Date: Reason for Travel Waiver (Select one)	
Fulfills statutorily required duties (Cite the specific statute)	
Has potential to bring cost savings or enhanced revenues to the state program that will receive the cost savings or enhanced revenues and p of the saving or revenues attributable to the travel)	provide an estimate
Has a benefit or potential benefit which significantly outweighs the potential the current Executive Council Fact Sheet for qualifying criteria and proinformation on the lines below.	
Attending this meeting will benefit the state and crime lab as the works in the area of FAX machines and the examination of electronic signature examination that have seen many advances due to technology change looked at by the DCI Laboratory. This type of training is not available examiners involve hands-on training with demonstrative material not a training from examiners in other laboratories who have already research accredited by the American Society of Crime Laboratory Directors (AS continuing education of all examiners in their field of expertise and encountered to the continuing education of all examiners in their field of expertise and encountered to the continuing education of all examiners in their field of expertise and encountered to the continuing education of all examiners in their field of expertise and encountered to the continuing education of all examiners in their field of expertise and encountered to the continuing education of all examiners in their field of expertise and encountered to the continuing education of all examiners in their field of expertise and encountered to the continuing education of all examiners in their field of expertise and encountered to the continuing education of all examiners in their field of expertise and encountered to the continuing education of all examiners in the continuity education education examiners in the continuity education education educatio	res, two areas of the field of questioned document es. Presently the electronic signature cases are not being or offered in lowa. Workshops for forensic document vailable to the lowa DCI Laboratory. It is best to receive ched new techniques. The lowa DCI Crime Laboratory is CLD). A portion of the accreditation process looks at
Additionally: In 2004 the court surcharge on criminal fines was increas basis of a fund for the repair, replacement and maintenance of scientification of DCI Laboratory personnel. This funding is assigned to cost developments in forensic science and to maintain the expert status of attendance at this event, and so we respectfully request approval to ut this trip.	ic equipment at the DCI Laboratory, and to provide funds for center 296A. The training is essential to keep on top of our forensic examiners. We feel it is important to be in
Department Director Signature	Date: 4/,3/4
This form must be signed by a department head or agency directo	APPROVED r. Email a PDF of the form to executive consider of the form to

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3/7/11

Out-of State Travel Waiver Request

Page 1 of 1

Out-Of-State Travel Waiver Justification

000 237

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

r tead and an of the question noted when.				
Number of People on Trip:	1	Contact E-mail:	nancy.morford@ivh.state.ia.us	
Name of Person Attending:	Kelli Grabau	Working Title:	Director of Pharmacy	
Department: Department	of Veterans Affairs	Division/Bureau/	/Section: Iowa Veterans Home	
Will this trip require an over	night stay outside of Iowa? No: Yes: X	Reason for Trave	el: Conference by ASCP	
The second the description of the second of		Dates of Travels	5/16/11 - 5/19/11	
City (Cities) Traveling To:	Las Vegas, Nevada		The state of the s	
		(If after June 30, 2	2011 – you DO NOT need this waiver.)	
Funding Source: Appro	opriated State: 12% \boxtimes Federal: 26% \boxtimes (If the coding for the travel claim is appropriation 0		Other, Specify: self-generated funds T need this waiver.)	
Total Projected Cost of Trip	(Include Transportation, Mileage, Lodging, Meals	, Registration, Par	rking, etc): \$1,533.00	
Does this Trip Require Exec	utive Council Approval for Conference/Convention	n? No: 🗌 Ye	es: 🖂	
If Yes, Have You Received A	pproval? No: Yes: If Yes, Date:	In process.		
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.) Affordable Care Act - short cycle dispensing.				
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)				
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)				
American Society of Consultant Pharmacists conference topic will be "short-cycle" dispensing. All existing dispensing systems will be displayed by vendors in one place by making				
contrasts and comparisons easier. This change in dispensing will be mandated by CMS and proposed to take effect January 2012. Vital a new system be chosen to				
blend into our existing system and be efficient in reventing waste of unused tablets/capsules. Amount of reimbursement from insurance based on amount of waste.				
Department Director Signature: Date: 4(12/1)				
Department Director Printed	Name: David G. Worley			
This form must be signed by a department head or agency director. Email a PDF of the form to executive council@iowa.gov				
			Executive Council Approval	

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

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Out-Of-State Travel Waiver Justification

000 258

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip:	2 from IDALS	Contact E-mail: Dustin.VandeHoef@lowaAgriculture.gov		
ame of Person Attending: Dustin Vande Hoef Working Title: Communications Director				
Department: IDALS		Division/Bureau/Section: Communications		
Will this trip require an overr	night stay outside of lowa? No: 🗌 Yes: X	(If No, you do not need this waiver)		
City (Cities) Traveling To:	Seoul, South Korea; Shijiazhuang, Beijing, Shenyang and Harbin, China	Dates of Travel: June 6-17, 2011 (If after June 30, 2011 – you DO NOT need this waiver.)		
Funding Source: X Approp	riated State: 100% Federal:% [(If the coding for the travel claim is appropriation	Other:% If Other, Specify:		
Total Projected Cost of Trip ((Include Transportation, Mileage, Lodging, Mea	ls, Registration, Parking, etc): \$4,960.80		
Does this Trip Require Execu	itive Council Approval for Conference/Convent	ion? No: X Yes:		
If Yes, Have You Received Ap	pproval? No: 🗌 Yes: 🔲 If Yes, Date:			
Reason for Travel Waiver (Se	elect one) red duties. (Cite the specific statute.)			
Has potential to bring cost savings or enhanced revenues to the state. (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel.)				
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below. (If nonrefundable ticket is the justification, date of purchase is required.)				
support for the trip.	The trip is designed to promote I neeting with potential business p	state of lowa. I will provide communications owa exports internationally through trade artners for lowa businesses, and meeting with		
Department Director Signatu	re: Bill Worthing	Date: 4/12/11		
Department Director Printed	Name: Bill Northey	_		
This form must be s	igned by a department head or agency director	r. Email a PDF of the form to executivecouncil@iowa.gov		

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered
 incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Wednesday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification
 due to a convention/conference, note that both processes must be completed
 separately. See Fact Sheet for further explanation.

Executive Council Approval

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Out-Of-State Travel Waiver Justification

000 259

This walver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 1	Contact E-mail: MELISSA.SPEED@DNR.IOWA.GOV	
Name of Person Attending: Catharine Fitzsimmons	Working Title: U.S. EPA Region 7 State, Local and Tribal Air Director's Meeting	
Department: Natural Resources	Division/Bureau/Section: ESD/Air Quality	
Will this trip require an overnight stay outside of Iowa? No: ☐ Yes: ☑	(If No, you do not need this waiver)	
City (Cities) Traveling To: Kansas City, MO	Dates of Travel: June 7-9, 2011	
	(If after June 30, 2011 – you DO NOT need this waiver.)	
Funding Source: Appropriated State:%	Other: 100% If Other, Specify: Air Contaminant Fee Fund 0000 - you DO NOT need this waiver.	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Mea	s, Registration, Parking, etc): \$350	
Does this Trip Require Executive Council Approval for Conference/Convent	ion? No: 🖾 Yes: 🗆	
If Yes, Have You Received Approval? No: Yes: If Yes, Date:		
Reason for Travel Waiver (Select one) Fulfills statutorily required duties. (Cite the specific statute.)		
Has potential to bring cost savings or enhanced revenues to the state.	(Cite the specific	
program that will receive the cost savings or enhanced revenues and p of the saving or revenues attributable to the travel.)	provide an estimate	
Has a benefit or potential benefit which significantly outweighs the pot current Executive Council Fact Sheet for qualifying criteria and provide the line below. (If nonrefundable ticket is the justification, date of pure U.S. EPA training for director's of state air quality programs on the implementation significant deterioration permitting under federal clean air act implementation planfederal requirements in the state. Failure to implement these regulations correctly	e that information on chase is required.) In hazardous air pollution, ambient air quality, and prevention of Its. Iowa has delegation of the federal clean air act and implements	the
77 1		
Department Director Signature: Januare	Date: 4-1/-//	
Department Director Printed Name: ROGER LANDE	_	
This form must be signed by a department head or agency director	r. Email a PDF of the form to executivecouncil@iowa.gov	
Additional information to assist you in completing thi		
See Fact Sheet for more complete information. This waiver is required by HF45 from March 7 until June 30, 2011		
 If no overnight stay is required at a location out-of-state, the trave 		
 incidental and no waiver form needs to be submitted. The Council meets each Monday at 10:00 a.m. Deadline for waiveneeds. 	er is the previous APR 1 8 2011	

If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed

Thursday at 12:00 noon.

separately. See Fact Sheet for further explanation.

Out-Of-State Travel Waiver Justification

000 260

This waiver justification is to be completed for every out-of-state trip requested between March 7 and June 30, 2011.

If more than one employee is traveling, a separate form must be completed for each person.

See the Executive Council Waiver for Out of State Travel Fact Sheet for details.

Please answer all of the questions listed below.

Number of People on Trip: 6	
Name of Person Attending: Julie Vande Hoef	Working Title: Policy Advisor GOV AD Asst 3
Department: Governors Office-Trip paid for by IDED Foundation	Division/Bureau/Section: Administration
Will this trip require an overnight stay outside of lowa? No: Yes: X (If No, you do not need this waiver)	
City (Cities) Traveling To: China Trade Mission trip	Dates of Travel: June 6-17, 2011
Funding Source: Appropriated State:% Federal:% X Other: 100% If Other, Specify:IDED Foundation (If the appropriated state funds are 0% - you do not need this waiver)	
Total Projected Cost of Trip (Include Transportation, Mileage, Lodging, Meals, Registration, Parking, etc): 10,049.20	
Does this Trip Require Executive Council Approval for Conference/Convention? No: X Yes:	
If Yes, Have You Received Approval? No: Yes: If Yes, Date: Reason for Travel Waiver (Select one)	
X Fulfills statutorily required duties (Cite the specific statute) 15.101	
Has potential to bring cost savings or enhanced revenues to the state (Cite the specific program that will receive the cost savings or enhanced revenues and provide an estimate of the saving or revenues attributable to the travel)	
Has a benefit or potential benefit which significantly outweighs the potential cost. See the current Executive Council Fact Sheet for qualifying criteria and provide that information on the lines below.	
Promote IA exports internationally through trade show participation, meetings with potential business partners (for IA business) and meeting with key government leaders	
Department Director Signature Date: 4-7-11	
This form must be signed by a department head or agency director. Email a PDF of the form to executivecouncil@iowa.gov	

Additional information to assist you in completing this form. See Fact Sheet for more complete information.

- This waiver is required by HF45 from March 7 until June 30, 2011.
- If no overnight stay is required at a location out-of-state, the travel is considered incidental and no waiver form needs to be submitted.
- The Council meets each Monday at 10:00 a.m. Deadline for waiver is the previous Thursday at 12:00 noon.
- If your travel requires both Executive Council approval and the waiver justification due to a convention/conference, note that both processes must be completed separately. See Fact Sheet for further explanation.

Executive Council Approval

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